PTO/S8/06 (08-03)

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		TENT APPLIC	37 I I O I	ute for Form PT)NR	ECORD		Application or Docket Number				
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CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY			OTHER THAN SMALL ENTITY		
FOR NUMBER FILED NUMBER EXTRA					lſ	RATE	FEE]				
BASIC FEE (37 CFR 1.18(a))					1	10112		1	RATE	FEE		
	AL CLAIMS CFR 1.16(c))		2		•			' -	OR	<u> </u>	\$	
IND	EPENDENT CLA	MS	minus 20 =				<u> </u>		OR	X \$=		
<u> </u>	CFR 1.16(b))		minus :	3 = •	•		· \$ =		OR	X \$=		
MUL	TIPLE DEPENDE	NT CLAIM PRESEI	VT (37 CFR 1.16(d))] [.	+ \$=		OR	+5 =		
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	С	LAIMS AS AM	ENDED	- PART II								
Y -	-4-0 6 (Column 1) (Column 2) (Column 3)						SMALL E	ENTITY	OR	OTHER THAN SMALL ENTITY		
۲		CLAIMS REMAINING		HIGHEST NUMBER	PRESENT	۱ [RATE		1			
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A	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)).						\$=		OR	× \$=		
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The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PATENT APPLICATION FEE DETERMINATION RECORD Effective December 29, 1999											09 621715				
CLAIMS AS FILED - PART I (Column 1) (Column 2)										SMALL ENTITY OTHER TH.					
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BASIC FEE								-	· ·	345.00	OR		690.00		
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INDEPENDENT CLAIMS 3 -									X39=		OR	X78=			
MULTIPLE DEPENDENT CLAIM PRESENT								T.	130=		OR	+260=			
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FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

Minus

"If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

ADDIT. FEE

OR ADDIT. FEE

OR ADDIT. IT "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate less in column 1. OR ADDIT FEE

(Rev. 1299)

Independent

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OR

X39=

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